

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08A015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) SURVEY COMPLETED APR 23 2009 C 04/13/2009 Director's Office
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NAME OF PROVIDER OR SUPPLIER  EXCEPTIONAL CARE FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 11 INDEPENDENCE WAY NEWARK, DE 19713
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 225 SS=E	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) STAFF TREATMENT OF RESIDENTS</p> <p>An unannounced annual and complaint survey was conducted at this facility from April 7, 2009 through April 13, 2009. The deficiencies in this report are based on observations, interview, clinical record review and review of other documentation as indicated. The facility census the first day of the survey was 18. The survey sample totaled 8, which included a review of 7 active and 1 closed resident records.</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p>	F 225	<ol style="list-style-type: none"> <li>EEs 2, 3, 4, 5, and 6 Human Resource files have been audited for completeness and all required components have been obtained.</li> <li>All Human Resource files of facility employees as well as those provided by contractors will be reviewed for completeness including Criminal History Records and required attendance at mandatory new hire and annual training. All contracted employees will be given access to on-site electronic in-servicing program for completion of mandated training.</li> </ol>	June 2, 2009

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>W Moore NHA</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/22/09</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

**EXCEPTIONAL CARE FOR CHILDREN**

STREET ADDRESS, CITY, STATE, ZIP CODE

**11 INDEPENDENCE WAY  
NEWARK, DE 19713**

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F 225	<p>Continued From page 1</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interviews, review of facility documentation, and policy and procedures, it was determined that the facility failed to ensure that a thorough background investigation was completed for three (E2, E3, and E4) of fifteen employees and that the annual abuse training was completed for two (E5 and E6) of fifteen employees. Findings include:</p> <p>1. According to the facility's Residents' Rights/Residents' Abuse Prohibition policy, the section entitled " Screening " stated, "All potential employees are screened using ...criminal background checks ...".</p> <p>The criminal background check conducted by the State Investigative Administrator on 3/13/2009 revealed that three employees (E2 hired 2/09, E3 hired 10/24/08, and E4 hired 11/13/08) out of fifteen reviewed failed to have completed background investigations.</p> <p>In a memo to the Controller (E7), dated 4/13/09, the State Investigative Administrator requested that a Record Request Form be completed for E2. The Criminal History Record Request Form, dated 4/8/09, for E3 and the Receipt from the</p>	F 225	<p>3. A Pre-Hire checklist will be created and maintained for all potential facility employees as well as those provided by contractors. This checklist will be maintained by the Director of Human Resources. No employee will be issued a start-date without completion of all required paperwork and validation by both the department manager and NHA.</p> <p>4. The Director of Human Resources will monitor pre-hire paperwork for satisfactory completion. The Compliance Manager will monitor mandatory training completion. Results will be reported to QA for further recommendations.</p>	

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F 225	Continued From page 2 State Bureau of Identification for E4, dated 4/8/09, were not completed in a timely manner.  Findings were confirmed by E8 (Nursing Home Administrator).  2. According to the facility's Residents' Rights/Residents' Abuse Prohibition policy, the section entitled " Training " stated, "All employees must undergo mandatory new employee orientation and annual updates... ".  A review of facility documentation revealed that two employees (E5 and E6) out of fifteen failed to complete the annual requirement. Findings were confirmed by E7.	F 225		
F 441 SS=B	483.65(a) INFECTION CONTROL  The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections.  This REQUIREMENT is not met as evidenced by: Based on facility documentation, staff interview, and review of the facility's tuberculin (PPD) testing policy, it was determined that the facility failed to maintain current PPD records for 2 out of 15 sampled staff. Findings include:	F 441	1. Employee E1 no longer provides contracted services at the facility. E2 has obtained a satisfactory result of a PPD. 2. All employees of the facility and those that are contracted, will be reviewed for timeliness and completeness of required documentation of testing and results via a Health Tracking Log. 3. The Compliance Manager will be notified by the Director of Human Resources of all pending new hires and permanent contracted employees for Health Tracking. No employee will be issued a start-date without completion of all required paperwork and validation by both the department manager and NHA.	June 2, 2009

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F 441	Continued From page 3 1. E1 was hired 3/09 and E2 was hired 2/09. There was no documentation that the two step tuberculin test was conducted upon hire. An interview with E7 confirmed the findings.  According to the facility's Tuberculin Testing for Employees policy, "All employees should show proof of a placed and read PPD within twelve months of employment prior to his/her start date."	F 441	4. The Compliance Manager will report findings to QA Committee for further recommendation.	
F 514 SS=C	483.75(l)(1) CLINICAL RECORDS  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure that clinical records on 7 (R1, R2, R3, R4, R5, R6 and R7) out of 8 sampled residents were maintained in accordance with accepted professional standards of practice that are complete and accurately documented. The computerized Treatment Administration Record (TAR) for R8 was not available for review during the survey due to the facility's difficulty in accessing closed record information. Findings include:	F 514	1. Residents 1, 2, 3, 4, 5, 6 and 7's MAR/TAR have been reviewed for completeness. Professional nurses have been interviewed by Nurse Management to ensure timely administration of medication. Late entries have been documented per guidelines. 2. All resident's MAR/TAR beginning in April 2009 will be reviewed for completeness. Late entries will be documented per guidelines to indicate timely administration of medication after review and interview by Nurse Management if appropriate.	June 2, 2009

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F 514 Continued From page 4

The facility's Administering Medications Policy stated, "... The individual administering the medication must sign off the medication in the computerized documentation system as completed."

Review of the computerized 3/09 and 4/09 Medication Administration Records (MARs) and TARs for R1, R2, R3, R4, R5, R6 and R7 revealed multiple blanks on both the 3/09 and 4/09 MARs and TARs.

The facility failed to have complete documentation on the MARs and TARs in 3/09 and 4/09. On 4/10/09, findings were confirmed by E9 (Director of Nursing) and E10 (Administrator) who advised that the computer system was recently installed and the facility did not have a system in place to prevent omissions on the MARs and TARs. On 4/13/09, E9 followed up with available nurses, E4 for R5, E7 for R5 and E8 for R4 regarding the lack of documentation on the computerized MARs in 3/09 and 4/09. Each of the nurses stated that they administered the medications as ordered, but failed to document them in the computer.

F 514

3. RNAC will complete weekly audits of electronic MAR/TAR recording for completeness for four weeks and monthly thereafter. Findings will be reported to the DON. All professional nurses will be in-serviced regarding usage of a Daily Task Report during Nurse to Nurse Shift Change Report to ensure completion of MAR/TAR documentation.
4. Finding of audits will be reported to QA Committee for further recommendation by the RNAC.



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

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3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6861

**LTC Residents Protection**

APR 23 2009

**Director's Office**

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**STATE SURVEY REPORT**

**NAME OF FACILITY:** Exceptional Care for Children

**DATE SURVEY COMPLETED:** April 13, 2009

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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An unannounced annual and complaint survey was conducted at this facility from April 7, 2009 through April 13, 2009. The deficiencies in this report are based on observations, interview, clinical record review and review of other documentation as indicated. The facility census the first day of the survey was 18. The survey sample totaled 8, which included a review of 7 active and 1 closed resident records.

**3201.6.12**

**Communicable Diseases**

**3201.6.12.2**

**Specific Requirements for Tuberculosis**

**3201.6.12.2.3**

**All facilities shall have on file results of tuberculin test performed on all newly admitted resident and newly hired employees, and annually thereafter on all employees. A tuberculin test as specified, done within the twelve months prior to employment, or a chest x-ray showing no evidence of active tuberculosis shall satisfy this requirement for asymptomatic individuals. If an individual was previously documented as a positive reactor or has a history of hypersensitivity to the PPD test, a negative chest x-ray shall meet this requirement.**

1. Employee E1 no longer provides contracted services at the facility. E2 has obtained a satisfactory result of a PPD.
2. All employees of the facility and those that are contracted will be reviewed for timeliness and completeness of required documentation of testing and results via a Health Tracking Log.
3. The Compliance Manager will be notified by the Director of Human Resources of all pending new hires and permanent contracted employees for Health Tracking. No employee will be issued a start-date without completion of all required paperwork and validation by both the department manager and NHA.

The Compliance Manager will report findings to QA Committee for further recommendation. Correction Date 6/2/2009

Provider's Signature

*Attorney NHA*

Title

Date

*4/22/09*



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**STATE SURVEY REPORT**

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3201.10.0	<p><b>This requirement is not met as evidenced by:</b></p> <p>Cross-refer to CMS 2567-L survey date completed 4/13/2009, F441.</p>	
3201.10.1	<p><b>Records and Reports</b></p> <p>There shall be a separate clinical record maintained on each resident as a chronological history of the resident's stay in the nursing facility. Each resident's record shall contain current and accurate information including the following:</p>	<ol style="list-style-type: none"><li>Residents 1, 2, 3, 4, 5, 6, and 7's MAR/TAR have been reviewed for completeness. Professional nurses have been interviewed by Nurse Management to ensure timely administration of medication. Late entries have been documented per guidelines.</li></ol>
3201.10.1.7	<p><b>Medication administration record (MAR)</b></p> <p>including medications, dosages, frequency, route of administration, and initials of the nurse administering each dose. The record shall include the signature of each nurse whose initials appear on the MAR.</p> <p><b>This requirement is not met as evidenced by:</b></p> <p>Cross-refer to CMS 2567-L survey date completed 4/13/09, F514.</p> <p><b>Criminal background checks.</b></p>	<ol style="list-style-type: none"><li>All resident's MAR/TAR beginning in April 2009 will be reviewed for completeness. Late entries will be documented per guidelines to indicate timely administration of medication after review and interview by Nurse Management if appropriate.</li><li>RNAC will complete weekly audits of electronic MAR/TAR recording for completeness for four weeks and monthly thereafter. Findings will be reported to the DON. All professional nurses will be in-serviced regarding usage of a Daily Task Report during Nurse to Nurse Shift Change Report to ensure completion of MAR/TAR documentation.</li><li>Finding of audits will be reported to QA Committee for further recommendation by the RNAC.</li></ol> <p>Correction Date 6/2/2009</p>
16 Del. C. Chapter 11, Subsection		



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STATE SURVEY REPORT

LTC Residents Protection

MAY 20 2009

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Director's Office

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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
IV, § 1141 (c)	<p>No employer who operates a nursing home or a management company or other business entity that contracts to operate a nursing home may hire any applicant without obtaining a report of the person's entire criminal history record from the State Bureau of Identification and a report from DHSS regarding its review of a report of the person's entire federal criminal history pursuant to the Federal Bureau of Investigation appropriation of Title II of Public Law 92-544.</p>	<ol style="list-style-type: none"> <li>1. EEs 2, 3, 4, 5, and 6 Human Resource files have been audited for completeness and all required components have been obtained.</li> <li>2. All Human Resource files of facility employees as well as those provided by contractors will be reviewed for completeness including Criminal History Records and required attendance at mandatory new hire and annual training.</li> <li>3. A Pre-hire checklist will be created and maintained for all potential facility employees as well as those provided by contractors. This checklist will be maintained by the Director of Human Resources. No employee will be issued a start-date without completion of all required paperwork and validation by both the department manager and NHA. All contracted employees will be given access to on-site electronic inservice program for completion of mandated training.</li> <li>4. The Director of Human Resources will monitor pre-hire paperwork for satisfactory completion. The Compliance Manager will monitor mandatory training completion. Results will be reported to QA for further recommendations.</li> </ol>
§ 1142	<p>This requirement is not met as evidenced by:</p> <p>Cross-refer to CMS 2567-L survey date completed 4/13/2009, F225, example #1.</p> <p><b>Mandatory Drug Testing</b></p> <p>(a) No employer who operates a nursing home, management company, other business entity contracted to operate a nursing home, or agency that refers employees to work in a nursing home may hire any applicant, as defined in § 1141 of this title, without first obtaining the results of such applicant's mandatory drug screening.</p> <p>(d) Conditional hire. – Notwithstanding the provisions of subsection (b) of this section,</p>	<p>Correction Date 6/2/2009</p> <ol style="list-style-type: none"> <li>1. Employee E1 no longer provides contracted services at the facility. E2 has obtained satisfactory drug test results.</li> <li>2. All contracted employees of the facility will be reviewed for timeliness and completeness of required documentation of drug testing and results via a Health Tracking Log.</li> <li>3. The Compliance Manager will be notified by the Director of Human Resources of all pending permanent contracted employees for Health Tracking. No employee will be issued a start-date without completion of all required paperwork and validation by both the department manager and NHA.</li> <li>4. The Compliance Manager will report findings to QA Committee for further recommendation.</li> </ol> <p>Correction Date 6/2/2009</p>





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	<p>when exigent circumstances exist, and an employer must fill a position in order to maintain the required level of service, the employer may hire an applicant on a conditional basis when the employer receives evidence that the applicant has actually had the appropriate drug screening. The final employment of an applicant pursuant to this subsection shall be contingent upon receipt of the results of the drug screening. In addition, all persons hired pursuant to § 1141 of this title shall be informed in writing and shall acknowledge, in writing, that his/her results have been requested. Under no circumstances shall an applicant hired on a conditional basis pursuant to this subsection be employed on a conditional basis for more than 2 months.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on staff interviews it was determined that the facility failed to obtain drug test results for 2 of 15 sampled employees (E1 and E2) as evidenced by the lack of employees' files. Findings include:</p> <p>Interviews with E7 (Controller) and E8 (Nursing Home Administrator) confirmed that personnel files were not available for therapy contractors.</p>	



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